Seniors' News

Seniors' Secretariat

Giving Nova Scotia's Seniors a Voice Volume 117 September 2006

Executive Director's Message

By Valerie White

The passing of Dr. MacKinnon

Nova Scotians lost a true champion for seniors with the passing of Dr. Fred MacKinnon this past summer. On a personal note, I lost a dear friend and mentor.

Dr. MacKinnon served 20 years in the child welfare field before becoming Deputy Minister of Public Welfare in 1959—a position he held for another 20 years. Shortly after his retirement, Dr. MacKinnon became instrumental in developing the infrastructure of the Seniors' Secretariat with then-Community Services Minister Jack MacIsaac. Dr. MacKinnon became the secretariat's first Executive Director in 1980.

During his time at the Seniors' Secretariat, Dr. MacKinnon led the way in developing the first home care pilot projects, and he worked with nursing homes and homes for special care to encourage greater interaction between residents and the broader community.

Dr. MacKinnon also recognized the need to bring the leaders of the seniors' organizations together to encourage them to work collaboratively. His efforts laid the groundwork for the creation of the Nova Scotia Group of IX Seniors Organizations.

Dr. MacKinnon retired a second time in 1995 at the age of 86. He left behind an impressive list of professional achievements and volunteer leadership roles. Despite frailty and blindness, Dr. MacKinnon dedicated some of his final years to co-authoring *The Empowerment of Seniors in Nova Scotia*. Published in 2004, the book documents the history of the secretariat as well as grassroots movements and organized groups that had a powerful impact on progress for Nova Scotia seniors.

Dr. MacKinnon will be long remembered by friends, family, and colleagues for his leadership and guidance, his caring, and compassion, his sense of humour and fairness, and for his vision of a better world for all people.

Welcome to New Minister

I am pleased to introduce to you our new minister. As announced this past June, the Honourable Carolyn Bolivar-Getson became the new Chair of the secretariat and the newly created Minister of Seniors. Minister Bolivar-Getson's portfolio also includes the Office of Immigration, Nova Scotia Liquor Corporation,

continued on page 3

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What's inside...

EXECUTIVE DIRECTOR'S MESSAGE 1

SECRETARIAT NEWS 4

Ministers of the Secretariat 4

Nova Scotia Joined the World on Elder Abuse Awareness Day 5

SPECIAL FEATURES

The Power of Attorney: A Powerful Document 6

OUR HEALTH

"Knowledge Is the Best Medicine": Little Booklet, Large Cause 7

Preventing Cervical Cancer 7

Seniors Are Most at Risk for Diabetes 9

Sexuality and Dementia: 9

Helping Ourselves to Good Health 12

CAREGIVING

Home Sweet Home: Helping Older Adults Adjust to Assisted Living 13

What Do Family Caregivers Need? 15

POSITIVE LIVING

Skip Generation Families 16

Stable, Able and Strong! 19

For Seniors Looking to Get Involved 19

The Walker 20

NOTES OF INTEREST

NSCAD Students Learn How It Feels to Be Old 21

Seniors and Students Share Fun and Food in Wentworth 22

The Acadia Lifelong Learning Centre (ALL) 24

Seniors' Housing and Support Services Survey 24

VoicePrint Canada 25

UPCOMING EVENTS 26

Seniors' News

Giving Nova Scotia's Seniors a Voice

The secretariat newsletter is published four times a year by the Seniors' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence. The Seniors' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with aging issues. The secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

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Seniors' Secretariat

NOVA SCOTIA

continued from page 1

the Liquor Control Act, and the Advisory Council on the Status of Women Act.

First elected in 2003, the MLA for Lunenburg West held previous Cabinet positions as Minister of Environment and Labour and Minister of Human Resources. She also brings with her 15 years experience as a small business owner/operator, and she served as a municipal councillor for six years. Minister Bolivar-Getson is a married mother of three children, who has also found time for volunteer work with the Boy Scouts of Canada, the Heart and Stroke Foundation, the Canadian Cancer Society, and several community groups.

I look forward to working closely with our new Minister and welcome her broad range of experience and dedication to community. I'm confident both will serve her well in her new roles.

Strategy for Positive Aging

And speaking of community-based activities, the secretariat embarked on the first phase of our Strategy Awareness Tour this past spring. A full schedule saw us speaking and presenting to more than 20 groups, with a focus on ensuring that key stakeholders (municipal governments, district health authorities, community health boards, regional development authorities, and chambers of commerce) across the province are aware of the *Strategy for Positive Aging in Nova Scotia* and are encouraged to use it as a helpful guide for information and inspiration as we begin planning for an aging population.

We will continue the awareness tour this fall, trying to reach as many groups as time and schedules will permit. This fall we will also create an interdepartmental committee to begin work on creating the Action Plan for Positive Aging. This group's task will be to identify which of the 190 societal actions contained in the strategy are the responsibility of the provincial government and, from among those, who will do them, by when, and how much they will cost. It is a significant undertaking, but an important one if Nova Scotia is to maximize the opportunities and be better able to manage the challenges that come with an aging population.

This is not to suggest that all actions will cease until the action plan is developed. This is not the case at all. In fact, steps have already been taken to achieve many of the actions identified in the strategy. And through our commitment to monitor progress, we will soon begin mail out "briefings" to everyone who came out to public and focus group meetings to provide input in the development of the strategy. If you would like to receive these periodic updates, please call the secretariat at **424-0065** or toll-free at **1-800-670-0065**.

Valerie

SECRETARIAT NEWS

Ministers of the Secretariat

The Seniors' Secretariat is pleased to welcome our new ministers, including the newly created Minister of Seniors. Rodney MacDonald became Premier of the Province of Nova Scotia during the June 13 general election. On June 27, Premier MacDonald announced his 18-member cabinet, including the 7 ministers who now make up the Seniors' Secretariat. The Honourable Carolyn Bolivar-Getson was given a new portfolio dedicated to seniors and became Chairperson of the Seniors' Secretariat, which also includes the Ministers of Health, Community Services, Education, Service Nova Scotia and Municipal Relations, Health Promotion and Protection, and Justice.

The Honourable Carolyn Bolivar-Getson

Minister of Seniors
Minister of Immigration
Chair of the Seniors' Secretariat
Minister responsible for the Liquor Control Act
Minister responsible for the Advisory Council on the Status of Women Act
MLA for Lunenburg West

The Honourable Chris A. d'Entremont

Minister of Health
Minister of Acadian Affairs
MLA for Argyle

The Honourable Judy Streatch

Minister of Community Services
Minister responsible for the Disabled Persons' Commission Act
MLA for Chester-St. Margaret's

The Honourable Karen Casey

Minister of Education
Minister responsible for the Youth Secretariat Act
MLA for Colchester North

The Honourable Jamie Muir

Minister of Service Nova Scotia and Municipal Relations
Minister responsible for the Residential Tenancies Act
MLA for Truro–Bible Hill

The Honourable Barry Barnet

Minister of Health Promotion and Protection
Minister of African Nova Scotian Affairs
Minister of Communications Nova Scotia
Minister of Volunteerism
MLA for Hammonds Plains-Upper Sackville

The Honourable Murray K. Scott

Attorney General and Minister
of Justice
Minister responsible
for the Human Rights Act
Minster responsible
for the Regulations Act
Minister responsible for the
Part II of the Workers' Compensation Act
MLA for Cumberland South

Nova Scotia Joined the World on Elder Abuse Awareness Day

By Barb Baker, Elder Abuse Consultant

One person alone, dealing with a situation of elder abuse, has only one small voice. It can get lost in the din—or silenced by fear. But when it is joined by many others, it is a force to be reckoned with. It demands attention.

On June 15, the voices of Nova Scotians joined others around the world in recognizing Elder Abuse Awareness Day. Although this was Nova Scotia's second Elder Abuse Awareness Day, for the first time ever, efforts were focused on raising awareness of abuse and neglect of seniors in a coordinated fashion all around the globe.

Nova Scotia marked this important day with a gathering of government and community leaders at Province House for the reading of the proclamation and to honour the strength and dignity of older adults across the province and the many groups who work with them.

Nova Scotia is fortunate to have many individuals, organizations, and communities who are interested in and committed to creating supportive environments where older people are safe from harm. To help spread the word and engage various groups in Elder Abuse Awareness Day activities, the Seniors' Secretariat distributed more than 120 information kits to all parts of the province. Information displays, feature articles in local papers, radio interviews, public service announcements, and handing out posters, brochures, stickers, magnets, and fact sheets were some of the activities that took place.

The secretariat recognizes and appreciates all the contributions made in raising awareness about abuse of older adults in Nova Scotia. Through our concerted efforts to be a voice for the thousands of older people who experience harm due to abuse, we will shed light on the issue and prevent abuse. We look forward to continued work with our many partners throughout the year and into the future.

Many of the materials used for Elder Abuse Awareness Day 2006 are available on the secretariat's website at **www.gov.ns.ca/scs** or by calling **1-800-670-0065**.

SPECIAL FEATURES

The Power of Attorney: A Powerful Document

This article was contributed by Ned Chase, Q.C. Mr. Chase is Chair of the Nova Scotia Branch of the Canadian Bar Association Elder Law Section and Counsel to the Valley Law firm TMC Law located in Kentville, NS.

As I tell my clients, the Power of Attorney is the most powerful document you'll ever sign, so great care should be taken in the choice of the person you appoint. Make sure it is someone who you trust implicitly: a person who you know has your interest at heart. Anyone holding a Power of Attorney for another person is in a "fiduciary" position. This means they hold a position of confidence and trust with the person who has granted them this authority, and by law, they can only act for the benefit of that person.

Power of Attorney is a legal document that grants authority to another person to do specific or general tasks for the person who signs it. The person giving the authority is called the donor, principal, or grantee. The person to whom this authority is given is referred to as the donee, the agent, or the grantee.

The basis for the Power of Attorney document is found in agency law. The principal appoints the agent to act for the principal. At common law, an agent could not have a greater authority than the principal who appointed the agent. Consequently, if the principal lost the mental capacity to give instructions to the agent, the document became void, and the legal remedy available was to proceed to court and have a guardian appointed for the incompetent person.

Back in the 1960s, it was possible to go in and out of court for a cost of around $250. Today, by contrast, once medical evidence is heard and bonds are secured, the cost is closer to $2,500.

In 1989, the Nova Scotia legislature enacted the *Powers of Attorney Act*, which among other things legalized the Enduring Power of Attorney. This document permits a person to appoint another to manage their affairs, which appointment "endures" beyond their own capacity to give instructions to the one they appoint. This means that by signing such a document, seniors and their families avoid the cost and process of having a guardian appointed.

In the document itself, it is possible to limit its authority to bank at one particular bank—or to sell a house or handle an investment portfolio. It is also possible to sign what is referred to as a General Power of Attorney. A General Power of Attorney, in effect, says, "You can do anything that I can do." Anything that can be done lawfully under a Power of Attorney is granted by the principal to the agent.

Should an appointed person exercise that granted authority in a manner that is not of benefit to the principal, but is to the benefit of the agent, then the "fiduciary duty" has been breached and legal action can be taken against that individual.

The cost of having a Power of Attorney prepared can range from $75 to $500, depending on the complexity required.

The mandate of the Canadian Bar Association Elder Law Section includes education, advocacy, and a presence in the policy-making process for those dealing with the aging process. We applaud the efforts of the Seniors' Secretariat and look forward to opportunities to partner in projects of assistance to senior citizens.

OUR HEALTH

"Knowledge Is the Best Medicine": Little Booklet, Large Cause

By Lisa Lawlor, Seniors' Secretariat Co-op Student

Many seniors have the question, "What happens if an accident occurs when I am travelling? How will emergency personnel find out my medical history?" A Vial of Life containing medical information is a little bulky to take with you—not to mention that it should be left in your fridge. The solution to this dilemma is enclosed in a pamphlet entitled *Knowledge is the Best Medicine*, available from the Seniors' Secretariat.

The pamphlet includes facts you should know about the medications you are taking, questions to ask your doctor about medications, and other information about leading a safe and healthy lifestyle. *Knowledge is the Best Medicine* also includes a *Medication Record* booklet where you can keep track of your surgical history, allergies, family medical history, and all the prescription and non-prescription medicines you may be taking.

The pamphlet is part of an initiative by an advisory committee of the Seniors' Secretariat, the Nova Scotia Medication Awareness Committee (NSMAC). Materials for the initiative are provided free of charge by the Research Based Pharmaceutical Companies of Canada (Rx&D). Each year this project provides approximately 8,000 seniors across the province with *Knowledge is the Best Medicine* pamphlets and *Medication Record* booklets. The aim of this initiative is to improve the health and quality of life of seniors in Nova Scotia through better use of medications.

The *Medication Record*, which is smaller than a bankbook, makes a great companion to the Vial of Life. It will fit easily in your purse, back pocket, glove box, or any other space you may have available close by when you are travelling away from home. This little booklet may have a large impact on your life!

For more information about the *Knowledge is the Best Medicine* pamphlet and *Medication Record* or to obtain copies, please contact the Seniors' Secretariat at **1-800-670-6500**.

Preventing Cervical Cancer

Submitted by Cancer Care Nova Scotia

Having a Pap test is probably not among the top 10 things on a woman's to-do list, but it should be. Being a woman puts you at risk for cervical cancer; however regular Pap tests can prevent up to 90 per cent of deaths from the disease. If you have ever had sex, you need to have a regular Pap test.

But what does "regular" mean? The rules about when you should start having Pap tests, how often you should have them, and when you can stop having them have changed. Until recently, Cancer Care Nova Scotia's Cervical Cancer Prevention Program recommended annual Pap tests for all women as soon as they became sexually active.

This past year, however, a group of cancer specialists, family doctors, and others reviewed these guidelines, which had been in place since the program was established in 1991. They researched evidence about the development of cervical cancer and consulted with other screening programs.

As a result of this work, there are new guidelines, which very much depend on the results of a woman's previous Pap tests. It is important to note, however, that these changes in no way lessen the importance of regular Pap tests.

The basics of what you need to know are as follows:

1. You should begin having Pap tests within three years of first vaginal sexual activity. This includes vaginal intercourse, vaginal/oral and/or vaginal-digital (digital = fingers) sexual activity, and use of shared sex toys/devices.

2. You should have regular Pap tests if you are in a same-sex relationship. If you are pregnant, you should have Pap tests according to the same guidelines as women who are not pregnant.

3. You should have three yearly Pap tests in a row. If all three of those tests are negative (normal), you then only need to have a Pap test every two years. If it's been more than five years since you've had a Pap test, you need to have three yearly Pap tests in a row, until you have three consecutive negative test results. Then, you can have a Pap test every two years. If you are on the birth control pill and have had three consecutive annual negative tests, you should have a Pap test every two years.

4. If you have ever been treated by LEEP, laser, conization, cryotherapy, cautery, or hysterectomy for cervical dysplasia, you should have Pap tests every year for life. If you are immuno-suppressed (HIV positive, transplant patients), you should have yearly Pap tests for life.

5. You may stop having Pap tests at age 75 only if you have an adequate negative screening history over the previous 10 years (at least three negative tests). If you have undergone a total hysterectomy (removal of the uterus and cervix) and there is no history of cervical dysplasia/cancer, you probably do not need to have Pap tests.

This is a lot of information to process and remember. However, the most important information of all is that if you have ever had sex, regular Pap tests are a must. Talk with your family doctor about what the new guidelines mean for you.

For more information about Pap testing or to learn about the results of your previous Pap tests, call the Cervical Cancer Prevention Program (CCPP) at **1-888-480-8588**. The CCPP maintains a confidential registry of all Pap tests performed in Nova Scotia since 1978.

Seniors Are Most at Risk for Diabetes

- Over 2.25 million Canadians are estimated to have diabetes.
- About one-third of adults with diabetes are unaware that they have the condition.
- Forty per cent of Canadians with diabetes develop long-term complications.
- Diabetes accounts for 25,000 person-years of life lost before age 75.
- Physical inactivity and unhealthy eating, leading to obesity, play a major role in the onset and progression of type 2 diabetes.
- Seniors and Aboriginal people are the two population groups at highest risk of developing diabetes.

Source: Public Health Agency of Canada

Life's tragedy is that we get old too soon and wise too late.

– Benjamin Franklin

Sexuality and Dementia: How Can We Support Healthy Behaviour?

By Lori Schindel Martin, RN, PhD

Delicate wanting, that state of being where sensuality and sexual expression, awareness and desire, appears to be far removed from what is considered acceptable for those persons with dementia who reside in long-term-care facilities. In some care environments, sexuality for persons with dementia is forbidden, ignored, or pushed underground. Nonetheless, the time has come to speak openly and honestly about the sexual needs of older adults with dementia, especially if we believe in person-centred care.

Natural expression

All human beings have sexual feelings. After all, sexuality is core human behaviour. Apparently, such an interpretation is reserved for younger people; oftentimes, when the behaviour of any older adult surfaces in the nursing home, it is devalued. Sexual behaviours, considered normal in a senior's private home or residential care apartment, are often considered deviant when they occur in the nursing home or adult day-care program. The sexual expression of persons with dementia will often be viewed as a thing to be controlled or eliminated. Consequently, kissing, hugging, stroking, caressing, holding, and tender touching are interpersonal behaviours that are not part of the person's everyday life. How ageist is that?

Life care interventions

It would seem that our clinical practice in this area deserves a second look. The tendency to subject sexual expressions of persons with dementia to censorship does not match the philosophy of "the new culture" of dementia care.

The underlying tenet of this person-centred care approach is that the very essence of the person—their hopes, dreams, desires, aspirations, past goals, and hobbies—form the basis of health-related interventions. Really, these are seen as "life care" interventions, not those "health care" interventions typically associated with the medical model. Person-centred care models suggest that dementia-related behaviours result when the resident's central need for love is ignored, and their interpersonal relationships become compromised. In an organization that practises person-centred care, behaviours will be "accommodated" rather than handled in a punitive fashion. Many care organizations have become creative and forward-thinking with regard to other dementia-related behaviours such as wandering, noisemaking, and physical aggression. For example, a resident who wanders at night is often given meaningful activities, food, hugs, and encouragement, rather than being restrained in bed.

Frank discussions

If we want to bring our practices up to speed with our advancement in other areas of behavioural management, what should we do? The majority of published literature dealing with sexual behaviour in dementia focuses on the organic and social etiologies of the condition and on pharmacological methods to extinguish inappropriate behaviours. It appears there are no specific best practices attached to the assessment, interpretation, and management of sexual behaviours in dementia. Therefore, professional caregivers and families must meet and begin a frank discussion about how to promote the sexual health of older adults in their care so that response approaches are within the context of newer ways of thinking.

Clearly, organizations feel their major responsibility is to protect older adults with dementia from exploitation. However, this does not mean that relationships developing between residents should be forbidden. Rather, the clinical team and family must meet to discuss the situation in order to uncover the terms and conditions under which relationships will continue. During the meeting, the team must review the past preferences, practices, and unique personalities of the residents who are becoming involved with each other. The discussion should acknowledge that the person who "is now" and the expressed needs that the sexual behaviour represents should be considered paramount concerns, not the person who "was before."

Unfortunately, practice guidelines that apply to the sexual behaviours of older adults in long-term care facilities are either non-existent or insufficient to address the complex issues involved in decision making. As a consequence, front-line care workers and families often make judgments based on personal values and belief systems or use simple decision-trees that typically use Mini Mental Status Examination (MMSE) scores or capacity assessments as the basis for identification of management strategies. Unfortunately, this way of thinking results in teams using mental status as a sort of "moral trump" that absolves them from having to consider unmet intimacy needs.

This happens when we depersonalize the older adult with dementia and assume that, because of their cognitive impairment, we must act on their behalf at all times.

Collaborative guideline development

To support positive clinical decision making, families and staff must work to develop practice guidelines. Since practice response appears to be highly influenced by personal value and belief systems, it is essential that front-line staff and families are involved in developing the guidelines and in evaluating their implementation. One strategy to operationalize this would be to identify "care unit" champions or team "sex-perts" who would liaise between their colleagues and the team. Guidelines need to be comprehensive to the degree that they explicate the process through which the clinical dialogue will assist a team to achieve consensus with the family as to how to proceed in each situation. The guidelines should encourage a culture of tolerance, understanding, inquiry, and dialogue, not one of surveillance, judgment, and censorship. Sexuality, sexual history, relationship history, sexual preferences, and intimacy needs should all be discussed with families at the time of admission to a long-term care facility.

These interventions should then be discussed with each and every staff person so that practice response is consistent, respectful, and innovative. Consideration should also be given to the potential impact of co-residents within the social milieu. The special considerations necessary to maintain everyone's dignity will therefore be identified. There must be active dialogue, because there will never be a "recipe" for what should be done.

An open culture of inquiry

There will always be tensions that arise during the decision-making process, and those involved will need to struggle through the decision using all the elements of a considered dialogue. Therefore, approaching sexual behaviours in a fashion that matches an organization's person-centred philosophy makes sense. Clearly, an open culture of inquiry cannot be shaped without the vision and leadership from representatives of the senior management teams in long-term care facilities. Therefore, it is critical that those within organizational cultures who might spearhead change be supported and encouraged to be innovative.

This article concludes with the first stanza from a song written by Harry Warren and Mack Gordon (1960) entitled "At Last," wherein the yearnings and heart's desire of an isolated someone have been realized:

"At last, my love has come along.
My lonely days are over, and life is like a song."

One can only hope that such feelings would be felt by all persons with dementia. It is quite possible to imagine a future in which persons with dementia openly enjoy relationships of deep personal satisfaction and meaning because these are encouraged and celebrated.

Source: *Rehab & Community Care Medicine*, Spring 2006

Beautiful young people are accidents of nature, but beautiful old people are works of art.

– Eleanor Roosevelt

Helping Ourselves to Good Health

An important part of our long-term health depends on how we live day by day. By eating well and staying physically and socially active, we can help ourselves to good health.

An apple a day

Lots of common problems don't require medication. Here are some simple, easy ideas that you could try:

If you can't sleep

- Get fresh air and exercise during the day.
- Soak in a hot bath—this often relaxes you.

For stress and anxiety

- Talk things over with a friend.
- Listen to relaxing music.
- Get some exercise.

For a cold

- Rest and drink fluids.
- Use a vaporizer.

If you are constipated

- Drink lots of water or juice.
- Eat food with lots of fibre—fresh vegetables, whole grain cereals and breads.

Eat well

We all know how important it is to eat right, but that doesn't make it easy to do. What we eat and drink affects how we feel—especially as we grow older. Following Canada's Food Guide can help us get back on the right track to healthy eating. It is a common-sense approach to eating properly. You can find a copy on the Health Canada website (**http://www.hc-sc.gc.ca**) under Food and Nutrition or talk to a health professional to learn more.

Stay active

Regular exercise is a great habit at any age. It is one of the best ways to stay trim, and it's good for the body and the mind. Limits are different for different people, but the benefits of regular exercise are very clear. And it's never too late to start. If you exercise already, keep it up. If you are beginning, start slowly with 5 to 10 minutes twice a week and build up gradually. Be sure to tell your doctor before you start or change your exercise program. And whatever you do, be careful. If it hurts—stop. Enjoy yourself!

What else can I do?

- Don't smoke.
- Drink alcohol in moderation.
- Good health also comes from being socially and mentally active.
- Stay in touch with your family and friends, in person and by telephone.
- Stay informed. The more you know, the more you can be involved in the important decisions in your life.
- Take care of yourself. Remember prevention is the best cure.
- Be positive and enjoy yourself. Age is less a question of years than it is of attitude.

Source: *Knowledge is the Best Medicine*, Nova Scotia Medication Awareness Committee

CAREGIVING

Home Sweet Home: Helping Older Adults Adjust to Assisted Living

By Janet P. Tracy, RN, and Sandra DeYoung, EdD, RN

A lack of family support and an inability to manage independent living are two reasons why an older adult would move to an assisted living facility (ALF). Most people will try to "hold out" in their housing arrangements for as long as possible, but when a medical or social episode occurs that prohibits independent living, assisted living becomes a popular choice.

Recently, we conducted research on people who had recently moved from their own homes into ALFs. A total of 28 residents from three facilities shared their opinions about the adjustment phase. They discussed their thoughts about the move and the transition, and they offered suggestions for others who are contemplating this type of move. Transcripts from the focus groups were analysed, and five themes, outlined below, were identified:

1. Self-motivated versus family encouragement. Some of the participants made the decision to move to ALFs when life on their own became too difficult. Home ownership and the tasks of keeping that home were either too physically challenging or no longer a priority. Others had been hospitalized, sometimes followed by rehabilitation, and then made the transition. Still others had lost a spouse or were encouraged by their families to live in a community where meals were offered and assistance was available.

   Whether pre-selected by their families or given a choice between ALFs, the more involvement in the decision, the better the early adjustment.

2. Ties to the past versus starting anew. Familiarity was important to the participants—they sought to decrease the number of changes in lives. The choice to move to a particular ALF was sometimes motivated by the desire to remain with a particular physician or close to a familiar hospital. In an attempt to control the environment, if they could remain in the same town or county, residents expressed the importance of being able to avail themselves of familiar nearby services, thereby decreasing the need to adjust other parts of their routine beyond their housing choices.

3. Independence versus dependence. One of the most difficult steps toward dependence seemed to occur among those who relinquished their cars. Although not required by the ALFs, most people stopped driving, which meant depending on others. One gentleman said, "I had a car all my adult life. I kept it in the garage and whenever I wanted to do anything, all I had to do was step into it and do it!" Some did not sell their cars until they had been out of their home for a while. "I wanted to see how things were here before I sold it to the neighbour." The dependence of going out when the schedule dictated the trip rather than by personal choice was another identified adjustment.

Depending on others for meals also meant schedules and routines that were sometimes not welcome. "I'm not used to eating dinner so early every night. It makes the evening so long when dinner is finished by 6:00 p.m." Another commented, "I'm used to eating when I'm hungry. Now it's scheduled." On the other hand, many choices were available for the residents such as menu selections, seating arrangements, and small refrigerators in their apartments.

4. Affection versus disdain. The social transition to community living also varied among the participants but held an affection-disdain theme. Some welcomed increased activities, people nearby, and staff members who became like family. "When I moved in here, I didn't know a soul. Now these people are all my family!" Another remarked, "I like the schedule on the board of what is available each day. If you want to go, you go. If you don't, you don't." Other residents maintained a greater privacy level by staying in their rooms or continuing activities outside the ALF. A select few continued their community involvement in their former location.

   For some, the exposure to others with declining physical or mental health was challenging. "I don't think they should let people stay here who don't behave" and "it's a little depressing not being with people who laugh and joke" were comments in several focus groups.

5. Adjustment versus maladjustment. All the participants acknowledged an adjustment period. Some were assisted in this transition by thinking that they could return to their former home if assisted living didn't work out. The adjustment phase was enhanced if the move occurred before they sold their previous home. Attitude throughout life in the face of challenging problems seemed to carry over to assisted living adjustment. "Adjusting is about attitude. I had to school myself to accept it. No need to carry on about it. I'm happy now," one resident confided. Another agreed, stating, "Some people will never adjust. They don't want to."

Assisted living administrators and health-care providers working with people in ALFs need to keep these themes in mind when they develop ways to help elders adapt to their new environment and as they try to assure a positive transition. Taking an active role as an advocate and facilitator can ease the adjustment.

Tips for professionals

Adjustment to community living in this research was understood from the resident's viewpoint by asking for tips to share with others who might be experiencing a similar move. Assigning a buddy for physical orientation to the facility in the first few days seemed to ease the transition. This person helped the new resident in finding the dining room, learning to operate the elevator, and acclimating to the routine of the facility. Residents highly praised this system.

Beginning a newcomers' group to assist with resident bonding is also a method for staff to enhance the adjustment. Time set aside for

the newest people to get to know each other provides an opportunity to explore common interests and not feel so alone during the adjustment phase. The social support of other newcomers can also help in joining existing social networks found in the facility. Health-care providers can help the group to assess their personal adjustments and offer encouragement to think with a positive attitude.

Residents suggested bringing some treasures of the past in the move. They thoroughly enjoyed reminiscing about family, friends, and "the good old times." One facility was praised for a "personal consultant" from the management team who spent time planning which furniture would fit in the new living space and recommending the types of personal items (books, CDs, video tapes) prior to the move.

Although many missed their cars, they appreciated the transportation service provided and expressed that the safety and convenience often over-shadowed the tradeoff of freedom in taking trips. "People should be encouraged to participate in the trips and get out," was the advice of some who thought about how to assist with adjustment. In addition, some mentioned flower gardens and the opportunity to walk on the grounds and enjoy the plants others were tending.

Maximum choice

Health care professionals need to keep in mind that attitude and approach before the move takes place are key in the final adjustment. Allowing maximum choice for housing alternatives, enhancing perceived choice, and offering tours of the facility decrease the mystique of the new living arrangements. Links to the past should be encouraged, and independence should be sought in as many choices as possible.

By paying attention to what residents of ALFs tell us, we can enhance their adjustment and make their world a better place.

Source: *Rehab & Community Care Medicine*, Spring 2005

What Do Family Caregivers Need?

According to a survey of over 3,000 caregivers, here are the top five areas where family caregivers need help:

- 75% supervision of care tasks
- 75% taking medications
- 72% managing money or finances
- 70% staying alone
- 69% bathing/showering

Source: Family Caregiver Alliance

> The great thing about getting older is that you don't lose all the other ages you've been.
>
> – Madeleine L'Engle

POSITIVE LIVING

Skip Generation Families: The Role Grandparents Play in the Lives of Today's Children Deserves Recognition

By Peter Muggeridge

A little more than a decade ago, Betty Cornelius and Ron Dennis were entering that delightful stage in life when parents can begin pursuing their own interests and dreams. With the children gone, Betty and Ron were enjoying life, working at rewarding jobs, and saving for their retirement years.

This happy scene was suddenly rewritten when 54-year-old Betty decided to have a baby. Well, not her baby exactly, but her son's baby—her granddaughter. "I co-raised her until she was three and after that I got her full time," says Betty, who had unexpectedly fallen into the parent trap all over again.

Betty's son and daughter-in-law were chronic substance abusers, and when their lives became completely unglued, grandma and grandpa stepped in to help raise their granddaughter. Betty and Ron co-raised the girl until it became clear that the birth parents would never be up to it. So they decided to step in permanently, and after an emotionally and financially draining court battle, they won full custody of the child.

Since that day, their life has been upturned. Because the young child had developmental issues, Betty could no longer work full time and look after her new dependant. She was forced to give up her career, sell her house, and move to their cottage. After cashing in their RRSPs, and with the proceeds from the sale of their house, the family tries to make ends meet on Ron's salary.

Theirs is a tale full of joy and sacrifice that, according to recent Statistics Canada figures, isn't all that uncommon. More than 50,000 Canadian grandparents like Betty and Ron are raising children. Often referred to as "skip generation households," two-thirds of them are headed by single women, and half the children they're raising are under 14. All of these second-time parents do the job with great love and sacrifice but receive little in the way of recognition or financial support.

Few grandparents volunteer for the job. Instead, they are asked to pinch-hit for any number of reasons, mostly to save the grandkids from situations where alcohol, drugs, violence, or sexual assault have rendered the birth parents unable to effectively raise their children. In many cases, government child services agencies will remove the children from that environment and ask relatives, usually the grandparents, to take over. Who could say no to this?

Parenting is always a difficult challenge, but when it's suddenly thrust on the grandparents, the difficulties multiply. Age and physical ailments make it a difficult enough task. Emotionally, there's the loneliness and isolation that grandparents feel when they're cut off from society to raise children—again. And of course there's the major factor—finances. It isn't cheap raising children, especially when many grandparents live off pensions or savings.

That's why Betty and Ron started CanGrands, an organization that acts as a national support group for grandparents, helping them to overcome the emotional, financial, and legal hurdles that come with raising grandkids. "We

love what we're doing and we're trying our best," says Betty. "But we need help."

Acting on this need, CARP recently teamed up with Second Chance for Kids, a grandparents' rights group, to hold a roundtable discussion on how best to lobby provincial and federal governments, the legal system and child-care agencies on the need for change. The roundtable discussion found that issues fall into three key areas—access, custody, and support.

Access

For whatever reason, grandparents are sometimes cut off from seeing their grandchildren altogether. Though there may be valid grounds for prohibiting visits, it's often because a family dispute or divorce and remarriage has driven a wedge between the generations and forced the children from the grandparents' reach.

CARP heard from numerous grandparents, including a couple in Nova Scotia: who were forced to go to court to secure a Christmas visit with their three grandchildren. In this case, they were pitted against the daughter's boyfriend, who wanted no part of them. In the end, the judge ruled the grandparents could visit on Christmas Eve, and, just to show the level of acrimony in which these cases can sink, the judge also had to rule that the grandparents could bring presents as well.

Because there are no laws protecting the rights of grandparents to visit their grandchildren, this right must be gained through the courts. This can be a costly procedure and can permanently sever familial bonds.

Custody

As any grandparent who has won custodial rights of a grandchild can attest, this can be emotionally draining and costly.

Although legal processes differ across Canada, it usually begins when the local child service agency steps in and removes the child from a bad situation. The state is now the child's temporary guardian, making all personal and health decisions for the child until a permanent arrangement can be found for the child's benefit.

From this, there are three options. First, the state contacts a relative (often a grandparent) to determine if they are willing and able to care for the child. If the grandparents wish to pursue this, they must go to court to win full guardianship of the child, becoming its new parents.

The second option: if the court refuses to grant custody to the grandparents, the child can be placed with a foster parent. The third option is Kinship Care, which is in effect in many provinces. Under this set-up, the children may go to live with the grandparents, but they remain wards of the state, and all personal decisions are subject to approval of the child-care services.

This kinship program often affords grandparents extra financial support from the government, but some grandparents are reluctant to get involved, even if it means extra money. "I would not accept that as a way of getting more money to raise my grandchild," says Betty Cornelius. "Many other grandparents are leery of that arrangement as well." The success of the kinship program depends on whether or not the grandparents have a good relationship with children's aid agencies, says Cornelius, noting that this isn't always the case.

Financial Support

This area is one which CanGrands and CARP are lobbying to improve. The simple fact is that, in most provinces, custodial grandparents raising grandchildren must make great financial sacrifices, yet they receive little or nothing in the way of government support. And, if there are support programs available, many grandparents either aren't aware of them or can't make their way through the bureaucratic maze to qualify. Cornelius tells the story of alerting one grandmother to an Ontario works program that doles out $220 a month to financially stricken grandparents. "I'm able to feed them properly now," said the crying grandmother to Cornelius.

Unfortunately, these programs provide only a small amount of the financial support foster parents receive. For those grandparents living on a pension or spending their retirement money raising children, it's not nearly enough.

What aggravates grandparents most is that foster parents, who are basically performing the same child-rearing services as the grandparents, receive substantial monthly government payments. Prince Edward Island, for example, provides foster families with up to $1,050 a month to cover the cost of raising a foster child. Other provinces will kick in money for clothing, school supplies, beds, travel, and respite care for the foster parents. Custodial grandparents raising children receive no fixed financial support.

"Our province regards families as having a primary responsibility for its members, including ... grandchildren," says Will MacDonald, a PEI director of child and family services, explaining the discrepancy in support that grandparents receive compared to foster parents. He did add that monthly payments are available under a kinship-type program, but if the grandparents have full custody, they're on their own.

Gina Atkinson, spokesperson for New Brunswick's Department of Family and Community Services, explains why her province supports foster parents but not grandparents raising children. "[Foster parents] provide services to numerous children and deal with the challenging behaviours or conditions."

The legislative practice of supporting foster parents but not custodial grandparents will come under the spotlight later this year in Britsh Columbia. where grandparents raising grandchildren are suing the province. These grandparents claim they are being discriminated against financially because they cannot access the same financial supports as foster parents.

Many grandparents are closely following this case to see how the court rules and whether it will have ramifications for other jurisdictions across the country. "Why is my grandchild worth less to the government than a foster child?" asks Betty Cornelius, cutting right to the heart of the matter. "She's not worth less to me."

Source: *CARP For the 50 Plus*, April 2006

Stable, Able and Strong!

A new project, sponsored by the Canadian Association of Occupational Therapists (CAOT) and the University of Ottawa-Occupational Therapy Program, will help seniors who have experienced falls to maintain active living in their communities.

The project, titled Stable, Able and Strong, will be completed in June 2008 and will study and address seniors' fear of falling and personal, environmental, and activity-related risk factors for subsequent falls, as well as strategies to safely resume daily occupations.

Pilot testing of the support model, manual, and resources will be disseminated to community partners and regional, provincial, and federal organizations.

Source: Canadian Association of Occupational Therapy

A bird doesn't sing because it has an answer, it sings because it has a song.

– Maya Angelou

For Seniors Looking to Get Involved

Consult the Internet—visit the sites of organizations linked to your interests. Read the mission statement of the organization to get a better understanding of the scope of work it does.

Pay attention to media reports—keep one eye and one ear open for reports on television, in print, and on the radio. You may find an opportunity or a great idea.

Take a pre-retirement course—you will learn about the many possibilities available in your community. Check with employers, banks, and local schools or community centres to find our when the next courses are offered.

Source: Volunteer Canada. *Volunteer connections: New strategies for involving older adults*. 2001.

The Walker: A Senior's Point of View

By Maisie Mitchell

I want to start off by saying that there is just no way we seniors would make it through some days without a sense of humour! Seriously, I know that it is the general consensus that seniors sit around making inane comments about nothing and just have no interest at all in what happens around them. Therefore, that makes the lot of us uninteresting. Well, I have not reached that point yet, and I hope I never do. However, I do not like to draw attention to myself either.

It became necessary for me to use a walker for what I thought would be a short period of time. I, therefore, borrowed a walker. After about nine months, it became apparent that I would use one for a very long time, and so, it would make sense to buy one. During the "on loan" period, I never took the thing on the bus with me. Pride you know! I would rather suffer the exhaustion that came from the unaccustomed exertion in the shopping malls without the walker to help me. I would arrive home after shopping, completely drained and ready for bed any time after 6:00 p.m. Well, the day came when I had to admit that the walker really was a matter of life and breath.

I have a lady friend who also uses a walker. No false pride for her though. She used hers from Day One. So we arranged to meet on the seniors' bus and travel to the mall. What could go wrong? Plenty! However, the trip down was uneventful. We spent a couple of hours touring around the very large department store we had chosen for the day, and left for home completely happy.

Here is the scenario: The bus aisle is narrow but adequate for normal traffic. My friend with her super deluxe model of walker and I sat next to each other on one side of the aisle, while a lady with a large shopping cart, full, sat on the other side. She was also attached to one of those cell phones!

Now all three of us covered the aisle, but in different spots. In the meantime, I am starting to feel ill because of the back-and-forth motion of the bus. It really bothers my stomach, so I knew I had to move. When we came to my friend's stop, and in order for her to get off, I had to move. She stood up, and so did I.

Now the fun begins!

We were traveling in different directions. She headed for the front, and I headed for the back. We connected! We couldn't pass each other. Well, before long our blood pressures were rising, tempers were not so controlled, and the driver watched with interest as we struggled for the right of way. Friendship went out the door! Finally I decided to fold up my walker and maybe that would work. Well, yes, it did, and thinking that all was in the clear, I quickly turned to the left and hauled my friend with me. We were still together! At this point one of the passengers reached down and unhooked us from each other. Did I feel foolish? Yup! I sure did. My friend motored out the front door of the bus, while I headed for the back to get the seat that I was sure would cure my upset stomach.

However, the lady with the shopping cart and the cell phone was between me and the seat. She was talking on her phone and merely glanced up at me while continuing to talk on her phone. I might add here that she did not speak in English. I caught her eye and indicated that I needed to get by. She sort of shrugged her shoulders.

Wrong thing to do to me! I had enough for one day!

I "gently" tapped her on the shoulder to get her attention to the fact that she needed to move her cart. She sort of squirmed and never missed a word of her conversation, while the driver waited patiently and I just sort of moved the cart. Oh yes, the cart moved!

I sat down, facing the front where I knew my stomach would settle. But, the lady with the cell phone moved too. She hung up her phone and moved as far away from me as she could! When I looked up, satisfied, I looked straight into the eyes of a couple from my church! Remember my pride?

There will be more trips to the mall on the seniors' bus. The only difference will be where I sit. I really will choose my seat more carefully, fully realizing the danger of picking a seat in an unsuitable spot.

Now seniors, do not be afraid of taking a newly acquired walker on the bus. Just remember my experience and select a seat where you can sit the whole way to your destination, and not near a person with a cell phone!

If you want others to be happy, practice compassion. If you want to be happy, practice compassion.

– The Dalai Lama

NOTES OF INTEREST

NSCAD Students Learn How It Feels to Be Old

Product design professor seeks seniors' help with research.

"Don't judge a man until you've walked a mile in his shoes." This old proverb has been given a new meaning at the Nova Scotia College of Art Design University. Assistant Professor Glen Hougan is urging his product design students to "walk a mile" in a senior's shoes as they design products for aging people.

NSCAD's product design course will give students experiences well beyond the classroom, taking them 60 years and more into their own future. Professor Hougan believes good product designers have to take the time to understand the people who will use their products, but he admits it's difficult for a 20-year-old to imagine life at 80. To help his students better understand the physical limitations of aging, Professor Hougan will engage them in designing an *aging suit* that mimics such things as diminished vision, hearing, dexterity, flexibility, strength, and stamina.

For example, to limit mobility, students may strap pads to their elbows and knees to stiffen joints; splints and restrictors could be used to limit the movement of joints such as hands, wrists, elbows, necks, lower torso, knees, and ankles. Students will wear these suits while they do simple activities. The objective is to fuel inspiration for improved designs or new products that can better serve seniors' needs by helping students gain a better understanding of the daily challenges many seniors face, and

to open their minds to the kinds of products, such as pill bottles and kitchen utensils, that are difficult for aging people to operate.

Our aging population has also inspired Professor Hougan, who sees the aging suit as being a useful product itself. He hopes to find funding to support the creation of a prototype that can be used to train health-care providers to better understand their patients or that can help building designers recognize barriers, as well as product designers from virtually every field who want their products to appeal to this rapidly growing market.

Professor Hougan will also require his students to spend time with their grandparents, or an older person in their life, to observe them in their daily activities and to discuss problems they may have with certain products and how they may have adapted these products to suit their physical needs. To illustrate, he notes that many people have cut tennis balls in half and placed on them on the feet of walkers to make it easier to manoeuvre on floors. Students will be tasked with solving one of the problems that their grandparents have with a particular product—it could be something as simple as putting tape around a pen to get a better grip, or a more difficult problem like how to make the kitchen drawers pull out more easily.

Professor Glen Hougan has asked the Seniors' Secretariat to help him with his research on product adaptations. If you or someone you know has adapted a product to make it easier to use—this could include appliances, phones, beds, walkers, cars, or anything else—please send a picture or description to Professor Hougan's e-mail address: **ghougan@nscad.ca** Or you can mail it to the Seniors' Secretariat, and we'll forward it to him.

Seniors and Students Share Fun and Food in Wentworth

Seniors and students are coming together in Wentworth to learn, laugh, and enjoy good food. Members of the Wentworth Pioneer Senior Club, together with staff from Wentworth Elementary School, designed seven inter-generational programs around themes and learning experiences that build on the talents of local seniors and the unique opportunities available in the community.

The program, which began last March and runs until next February, is supported by a funding grant from the federal government's New Horizons program. At four music sessions held in April, seniors demonstrated a wide variety of instruments, including piano, violin, saxophone, accordion, trumpet, and the spoons.

In May, sessions that focused on nutrition and healthy eating included a visit to a Superstore and fish hatchery. Staff at both locations gave interesting tours of their facilities and talked about the importance of healthy eating. At other food-related sessions, children and seniors put on their aprons and rolled up their sleeves to make apple crisp, apple blueberry muffins, pizza, and fruit desserts. A cheque presentation to the school's Healthy Breakfast Program punctuated the importance of a healthy diet.

June brought eventful visits to two distinctly different farms. At the Sprague farm in East Wentworth, both the seniors and students learned about farm safety, enjoyed a hay-wagon ride around the farm, and visited with recently hatched baby chickens.

A trip to Wentworth Farms taught the group about raising beef cattle, blueberries, and bees. They saw the interior of a beehive,

made beeswax candles, and took home a jar of fresh honey and homemade blueberry muffins. Other activities have included lessons on how to make local handcrafts as well as field trips to the Wentworth Hostel and a heritage one-room schoolhouse.

As members of the Wentworth Pioneer Seniors Club gear up for another round of intergenerational activities this fall and winter, they hope the success of their program will inspire others across the province.

"Awesome" notes from grateful kids ...

The following are excerpts from notes of thanks the Wentworth Pioneer Seniors Club received from Wentworth Elementary School students.

"Thank you for coming to our school. We enjoyed the music that you played for us, it was awesome!"

Brady Wood, Dawn Moore, Brandon Rushton

"We thought (the tour) would be boring, but you showed us that it was very interesting to tour a grocery store."

William Henderson, Cody McKellar, Ken Ferdinand

"We want to tell you that you are special to us and we are very happy that you let us cook!"

Melanie Crawford, Austin Lynes

"Thanks for inviting Wentworth Elementary to your pizza party. It was the best pizza we ever ate because we picked the toppings ourselves."

Shania Lynds, Calter Brown, Andrew Henderson

"Thank you for teaching the students from Wentworth Elementary about safety on the farm. One of the funniest things that happened was when the hay bale fell off the elevator and hit Kevin (the farmer), but we knew it could have been dangerous!"

Melanie Sprague, Quintin Merlin, Stuart Palmer

The Acadia Lifelong Learning Centre (ALL)

The Acadia Lifelong Learning (ALL) Centre at Acadia University will offer is an exciting and interactive weekend that includes lectures, seminars, a keynote address, a concert, and outings. The "Best of ALL" opens on Friday, September 22, with a keynote address and reception. The program for Saturday and Sunday will focus on concurrent presentations and discussion groups, field trips, and social events, including luncheons, a banquet, and live entertainment. Lectures, seminars, and field trips will cover topics such as local history, ecology of the Minas Basin, art appreciation, fossil collecting, literature, and aspects of technology.

The ALL Centre was established in 2000 as a way for Acadia University, through Continuing and Distance Education, to share its intellectual and cultural resources with the growing population of older adults. The centre provides quality educational opportunities to the 50+ age group, with a variety of lectures, seminars, outings, and special events.

Although non-members can take courses, a one-year membership costs only $20 and offers significant benefits, including:

- free credit course audits
- free access to the Vaughan Memorial Library
- free seminars, lectures and readings
- reduced ALL course fees
- invitations to participate in community events
- ALL newsletter
- e-list of events

To join the ALL Centre, complete and send in the course registration form, available online at http://conted.acadiau.ca/all/registration.htm. You are welcome to join the ALL Centre at any time. Your membership will be activated immediately after Acadia receives your registration form and payment. Membership must be renewed annually and is in effect from September 1 to August 31 each year. To find out more about ALL or The Best of ALL weekend, please contact:

Acadia University
Continuing and Distance Education
Phone: (toll-free) 1-800-565-6568
(local) (902) 585-1434
E-mail: allinfo@acadiau.ca
Website: http://conted.acadiau.ca

Seniors' Housing and Support Services Survey: Help us help you!

Beginning in September 2006, the Atlantic Seniors Housing Research Alliance (ASHRA) will be sending letters to Atlantic Canadian seniors asking them to participate in a survey about housing needs and both the availability and their use of support services.

ASHRA is encouraging all Nova Scotia seniors who receive a letter to respond. The survey answers will help determine the current housing needs of seniors in our region and predict future housing demands.

With your help, ASHRA will do their part in making housing and support services for seniors more accessible and reliable in Atlantic Canada. The Atlantic Canadian population is aging faster than ever before, and ASHRA wants to ensure that their housing needs are being satisfied, both today and in the future.

If you receive a letter from ASHRA asking you to participate in the seniors' housing and support services survey, please reply. The survey is easy to read and will only take a short time to complete. Remember, only you can tell us what is needed to meet the needs of seniors in the region. To learn more about this survey, please phone **1-800-563-5599**, or visit **www.ashra.ca**.

ASHRA represents all partners, stakeholders, and community organizations from New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island collaborating on the five-year research project (2005–2009). This project is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC), the Canada Mortgage and Housing Corporation (CMHC) and the Nova Scotia Department of Community Services.

Source: The Atlantic Seniors Housing Research Alliance

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Toll Free: **1-888-623-7359**
Email: **halifax@voiceprintcanada.com**
Website: **www.voiceprintcanada.com**

UPCOMING EVENTS

17th Provincial Alzheimer Conference: October 10–11

The Alzheimer Society of Nova Scotia is hosting its 17th annual provincial conference, entitled 100 Years of Discovery: Learning and Caring for Today and Tomorrow. The focus of this conference is to recognize and celebrate the advances in both medical and psychosocial research and care practices for Alzheimer disease over the last century. The conference provides learning opportunities that span from early support for persons with the disease to palliative care options to consider. The conference will take place October 10 and 11 at the Harbourview Holiday Inn in Dartmouth.

For more information about the Conference or Alzheimer disease contact the Alzheimer Society of Nova Scotia

Phone: (902) 422-7961
Toll-free: 1-800-611-6345
Website: www.alzheimer.ns.ca

Alzheimer Society of Nova Scotia: Male Caregivers' Education and Discussion Groups

Discussion groups for men providing care and assistance to someone with Alzheimer disease or related dementia (ADOD) will take place one Thursday a month from September 2006 to January 2007.

For more information, support and referral contact the Alzheimer Society's province-wide dementia info line.

Phone: **(902) 422-7961**
Toll-free: **1-800-611-6345**

Living with Mental Illness Conference: October 26–27

The Living with Mental Illness Conference is for anyone affected by mental illness, including individuals, their families, and staff who assist with support and treatment. The conference is a joint venture of the Family Working Group and the Interagency Mental Health/Continuing Care Committee, Cape Breton District Health Authority. It will take place October 26–27, at the Membertou Trade and Convention Centre. For more information, please call **(902) 567-7913**.

VON Seniors Exercise Program

The SMART Seniors Healthy Aging Program will provide weekly exercise and health promotion activities in Cape Breton starting on September 25 for 11 weeks. Programs are taught by volunteers who are Certified Senior Fitness Instructors and will take place in the following communities:

- Boisdale
- Sydney Mines
- Reserve Mines
- Whitney Pier
- Ashby
- Sydney River
- Westmount

For information and registration, contact Lynn Levatte (902) 562-8519

Become a Certified Senior Fitness Instructor

Cape Breton volunteers interested in becoming Certified Seniors Fitness Instructors are urged to call Lynn Levatte, Program Coordinator, VON Cape Breton at **(902) 562-8519**. Courses begin October.

Tools for Life Conference

The Tools for Life Conference and Exhibit 2006, Overcoming Barriers to Living, Learning and Working, will take place on October 27 at Horton High School in Greenwich. The conference is open to anyone interested in learning more about addressing barriers throughout our homes, workplaces, and communities. It is an opportunity for the general public and professionals to receive information, supports, and tools that enable wellness; and it is an opportunity for consumers, parents, organizations, and businesses to offer educational sessions and promote programs and products.

Educational sessions will focus on four themes:

- Wellness and Independent Living
- Literacy and Lifelong Learning
- Employment and Career
- Assistive Technologies

For more information contact:
Valley Disability Partnership Society
Tel: **(902) 679-0798**
TTY: **(902) 679-1157**
E-mail: **toolsforlife@nsnet.org**
Website: **http://toolsforlife.nsnet.org**

Programs for

Seniors

2006

17th edition

This 144-page directory features information about active living, health care, transportation, housing, finances, legal matters, and more.

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1-800-670-0065 (toll-free)
(902) 424-0065 (Halifax area)
E-mail scs@gov.ns.ca
Website www.gov.ns.ca/scs

Seniors' Secretariat

Seniors' News

Giving Nova Scotia's Seniors a Voice

View this issue online!

All of our newsletters are available on our website at **www.gov.ns.ca/scs**.

Mail or E-mail?

In an effort to save printing costs and reduce the amount of paper we are using, we are asking you, the readers, to let us know if you would like to be added to our e-mail distribution list instead of receiving a printed copy in the mail. Every little bit helps, and we ask for your support.

Please e-mail **scs@gov.ns.ca**
or call the Secretariat's information line toll-free at **1-800-670-0065** or **(902) 424-0065**.